



**UNITED STATES
POSTAL SERVICE**
04 CV 1923(RCC)
13 MDL 1570(RCC)
Administration
des Postes des
Etats-Unis
d'Amérique

Return Receipt for International Mail
(Registered, Insured, Recorded Delivery, Express Mail)

Par Avion

Return by the
quickest route
(air or surface
mail), at discoverer
and postage free.

The sender completes and indicates the address for the return of this receipt.
(A remplir par l'expéditeur, qui indiquera son adresse pour le renvoi du présent avis.)

Postmark of
the office
returning the
receipt
Timbre du
bureau
renvoyant
l'avis

A renvoyer par
le voie la plus
rapide (réception
ou de surface),
à découvert et
en franchise de
port.

NAME OF FIRM (NOM DU RAISON SOCIALE)
J. Michael McCracken

Street and Number (Rue et No.)
U.S. District Court - S.D.N.Y.
500 Pearl Street

City, State, and ZIP + 4 (Localité et code postal)
New York NY 10007-1312

UNITED STATES OF AMERICA
Etats-Unis d'Amérique

PS Form 2865, February 1997
Avis de réception
CN07 (Old C6)

Completed by the office of origin. (A remplir par le bureau d'origine.)	Item Description (Nature de l'envoi)	Registered Article (Envoi recommandé)	Letter (Lettre)	Printed Matter (Imprimé)	Other (Autre)	Recorded Delivery (Envoi à livraison effectuée)	Express Mail International
	Insured Parcel (Colis avec valeur déclarée)	Insured Value (Valeur déclarée)		Article Number			
Completed at destination. (A compléter à destination.)	Office of Mailing (Bureau de dépôt)		Date of Posting (Date de dépôt)		BB632969804		
	Addressee Name or Firm (Nom ou raison sociale du destinataire)		Date of Posting (Date de dépôt)		2-28-05		
	Street and No. (Rue et No.)		Place and Country (Localité et pays)		9490 Vaduz Liechtenstein		
	Kirchstr. 39, Privat		Date		19/01/05		
The receipt must be signed by (1) the addressee or (2) a person authorized to sign under the regulations of the country of destination or (3) the postmaster at the office of destination. This signed form will be returned to the sender by the first mail.		The article mentioned above was duly delivered.		Signature of Addressee (Signature du destinataire)		Office of Destination Employee Signature (Signature de l'agent du bureau de destination)	
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PS Form 2865, February 1997 (Reverse)





